

KENNY A. SCHWARTZ, M.D.
310 NORTH HIGHLAND AVENUE
OSSINING, NEW YORK 10562

TELEPHONE (914) 941-4415
FAX (914) 941-6452

December 7, 2006

Patient: Mario Gomez

Primecare Family Medicine, PC
Stere Carniciu, M.D.
20 Beacon Hill Road
Suite 2
Dobbs Ferry, NY 10522

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JN

Dear Stere:

Mario Gomez was seen today for a neurological consultation with his wife present. He is a 49-year-old right-handed man, non-hypertensive, non-diabetic, who has a history of migraine headaches. He states he has not been right since 10/17/06 when he was involved in an altercation. He states he was kicked in the head, stomped and he states a stun gun was applied by the police on his head, neck and spine. He had underwent a CAT scan of his head on 11/24/06 and the report was of no change from the one performed 10/24/06. There was no evidence of hemorrhage or mass effect, no significant interval change.

His water has noted water from his nose when he sleeps. He states he has had difficulty with his memory since this altercation. He has noted also a tremor in his right hand and headaches on the top of his head and his eyes.

He has been taking Axert for the headaches which he states has been helping.

An MRI was performed 02/27/06 of the right knee, the report which mentions status post partial meniscectomy, no evidence of re-tear. There is a small complex tear of the posterior horn of the medial meniscus, moderate sized internal articular fusion with Baker's cyst, larger than the one done 09/07/05.

FAMILY HISTORY: His parents are in good health.

REVIEW OF SYSTEMS: There is no history of concussion, syncope, seizure or stroke.

SOCIAL HISTORY: He is a former cigar smoker. He states he has not had any alcohol since Thanksgiving.

NEUROLOGICAL EXAMINATION:

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Patient: Mario Gomez

GENERAL: I did notice an intermittent side-to-side right arm tremor. It did not appear to be a Parkinson's type of tremor.

MENTAL STATUS: He is oriented times three. He named okay with effort. He did not remember any of three words at three minutes.

CRANIAL NERVES: Visual fields were difficult to test and were not reproducible. The pupils are reactive to light. Fundi are seen and the disks are sharp. There was no visual field cut to movement. Extraocular movements were full. There was no nystagmus. There was no facial asymmetry. Palate movement was intact.

NECK: There are no bruits.

MOTOR: Normal power. Tone was normal. Finger-to-nose was intact bilaterally.

REFLEXES: Active and symmetrical. Toes were downgoing.

SENSATION: There are errors in position sense in the right finger tips and the right toes. Vibration was diminished in the right hand and the right leg, diminished over the toes and not felt until the dorsum of the right foot. Pin was diminished in the right hand.

GAIT: His gait had an antalgic quality, somewhat wide based. He had trouble walking on his heels and toes on the right side. He complained of low back pain and pain in his right knee.

IMPRESSION: Encephalopathy with symptoms of headache, memory loss, tremor of his right arm and with sensory findings as reported on the right side of his body which by history are due to his trauma on 10/17/06 when he states he lost consciousness after the injuries.

PLAN: The plan is an MRI of the brain and EEG. I will see him in follow-up after.

Sincerely,


Kenny A. Schwartz, M.D.

KS:MT/kac